

**Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083**

Verification of 2015 Untaxed Income Worksheet for 2016-2017

Student Name _____ Kean ID # _____

Please complete the following chart on this page, sign the certification below, and return this form completed to the Office of Financial Aid. Indicate \$0 and "N/A" if you did not receive the untaxed income in a specific category. **Blank sections will be considered incomplete** and will delay the processing of your financial aid.

You may attach an additional sheet if you need more space. Please Note: *Category Definitions are on Page 2.*

2015 Untaxed Income	Student	Student's Spouse	Parents
1. Payments to Tax-Deferred Pension and Retirement Savings	\$ /yr.	\$ /yr.	\$ /yr.
2. Amount of Child Support Received	\$ /yr.	\$ /yr.	\$ /yr.
List Name(s) of Child(ren) Receiving Support in Each of the Following Columns: _____			
3. Housing, Food, & Other Living Allowances Paid to Members of the Military, Clergy, & Others	\$ /yr.	\$ /yr.	\$ /yr.
List Name of Recipient & Type of Benefit in Each of the Following Columns:			
4. Veterans Non-Education Benefits	\$ /yr.	\$ /yr.	\$ /yr.
List Type of Benefit in Each of the Following Columns: _____			
5. Other Untaxed Income	\$ /yr.	\$ /yr.	\$ /yr.
List Name of Recipient & Type of Other Untaxed Income in Each of the Following Columns:			
6. Money Received or Paid On the Student's Behalf	\$ /yr.	\$ /yr.	\$ /yr.
List Purpose of Money Received or Paid On Student's Behalf in Each of the Following Columns:			
List Source of Money Received or Paid On Student's Behalf in Each of the Following Columns:			
7. Additional Information	\$ /yr.	\$ /yr.	\$ /yr.
List Name of Recipient & Type of Financial Support in Each of the Following Columns:			

Certification and Signatures:

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Category Definitions

1. **Payments to Tax-Deferred Pension and Retirement Savings**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H and S.

2. **Child Support Received**

List the actual amount of any child support received in 2015 for the children in your household. **Do not include:** foster care payments, adoption payments, or any amount that was court-ordered, but not actually paid.

3. **Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others**

Include cash payments and/or the cash value of benefits received. **Do not include:** the value of on-base military housing or the value of a basic military allowance for housing.

4. **Veterans Non-Education Benefits**

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include:** federal veteran's educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

5. **Other Untaxed Income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Blank Lung benefits, untaxed options of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include:** any items reported or excluded in Sections A through D above. In addition, **do not include:** extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security Benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

6. **Money Received or Paid on the Student's Behalf**

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016-2017 FAFSA, but **do not include** support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2016-2017 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

7. **Additional Information**

Provide information about any other additional resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the Office of Financial Aid, and include such things as federal veteran's education benefits, military housing, SNAP, TANF, etc.